V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00243
1. PLACE OF DEATH	82-0
County Carveel	Registration Dist. No. 20.
Village or City Lusby	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME John O. Bowe	
(a) Residence: No. Lusley	St., Ward.
(Usal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (genie the word)  Of Lucle  Surge:	21. DATE OF DEATH  January 3/  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 20, 1848	1 last saw h Milive on Johnson
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8 10 /2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Gerevial Newsullage 1/22/3
9. Industry or business in which	Land 6 10 10 Khaland 17 15
work was done, as SILK MILL, SAW MILL, BANK, etc.	such chelin 1 xmond 1 150/39
year) occupation occupation	Other Contributory Causes of Importance:
12.*BIRTHPLACE (city or town) (State or country)	Citeralderasis
E Q A LAW &	
14, BIRTHPLACE (city or town) (State or country)	Name of operation
# 15. MAIDEN NAME Mary and Elelhan	Whet test confirmed diagnosis? Was there an europsy?
E / Od V 11 / 100	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Classic Spice den (Address) Lashie Dange den	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place St. Panillo Chirelpater the 2 , 19 34	Nature of injury
19. UNDERTAKER P. Co. Humphrup  (Address)	24. Was disease or Injury in any way related to occupetion of deceased?
20. FILED Flf 2, 19 3 4 N. J. Parelocal	(Address) Andre Sudlust.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AFR 5 1936	July 5,1927	Perilonitis	3 days ago
	BUREAU V. S.	9		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	2			
	for-	state	PA-	
W	of ir	ald s	ecu	
1	item	shor	of 0	
	ery i	SNI	ent	
	Ev	ICI	atem	
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OR	AP	ted	perl	Lifica
ARGIN RESERVED FOR BINDING	SIS	e sta	e pro	f cor
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SER	NK	shou	it m	n ha
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ARG	JNF.	pplie	erms	inci
	H	y su	ain 1	S.
	WIT	efull.	in pl	ant
	ILY,	e car	ATH	nort
	CAID	IIG BI	DE	rv in
	. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important See instructions on back of certificate.
	VRIT	tion	ICSI	NO
S. No. 1	3 W	ma	CA	TT
800			-	-

PLACE OF DEATH	9200
County	Registration Dist. No
Village or City Leland Creek	No. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	How long in U.S. if of foreign birth?mos
FULL NAME Daved Do	oks.
(a) Residence: No. Jeland Cre	CKY, Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
EEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male lof. OR DIVORCES ("write the wird)	(Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY That I attended deceased to
Many lovates	Och, 1933 Jan 7,193
DATE OF BIRTH (month, day, and year) May, 20, 1864	I last saw h_emalive on fells, 2, 19 34; death is
GE Years Months Days If LESS than	to have occurred on the date stated above, atm.
69 9 16 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Strade, profession, or particular kind of work done, as SPINNER, Under taker	
9. Industry or business in which	A THE TOTAL TOTAL
work was done, as SILK MILL, returned SAW MILL, BANK, etc.	monte out, pro-7
To-Date deceased last worked at this occupation (month and year)	disease 37
32.	Other Contributory Causes of importance:
BIRTHPLACE (city or town)	( ) - 1 - 1 - 1 - 2 ·
01000000	- VI, Myocoralla 3
13. NAME JUNIU J. POWE	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jarich. Inthus	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT Currie Murray (Address) Multial	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dece Coe y Date Jaw 9 , 1934	Nature of injury
UNDERTAKER B. W. Charl (Address)	24. Wes disease or injury in any wey related to occupation of deceesed?
FILED LAW F 134 /V. Clare Brises	(Signed) Macre

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th and related causes Date of onset ows:  1 week ago 1 week ago
1 week ago
3 days ago
of importance:
1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
Calvert	CERTIFICATE OF DEATH
County County	Registration Dist. No.
Village or City Willows (No. ,	St: Ward)  Stell-Gowe)  (If death occurred in a lospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Your)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw halive on, 192, and that death occurred on the date stated above, at
7 AGE  If LESS than I dayhra.  yrsmosds.ormin.?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Stell-borns (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  Duration)
10 NAME OF PATHER DAYS Say Self Brown	(Signed) Utal Marfeuler, 2081 Reap
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER  12 MOTHER  13 MOTHER  14 SO 1 O TO 1	*State the Visease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Sadie Elyabeth Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosda. State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mary E. Cravder	Former or usual residence
(Address) Poplars, Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan & 1934 Vergiel Carpenter	20 UNDERTAKER  ADDRESS  ADDRESS  TOTAL
if more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S No. 1.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The gues cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Gook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; zhould be used only when needed. As examples: (a) L..ture of the business or industry, and therefore an enry to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. ured 6 yrs.). For persons who have no occupation risiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fover (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept-KASE CAUSING DEATH (the primary affection with respect Lodar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the Dis-

> n Examples: Accidental drowning; Struck by railway Poleoned by carbolic acid probably suicide. train-accident; Revolver wound of head-homicide; ture of the injury, as fracture of skuli, and consesymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report merc symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mensies (disease use of "Tumor" for mallgnant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) quences (e.g., sepsis, tetanus) may be stated under the and qualify as accidental, sticidal, or Homicidal, or State cause for which surgical operation was under "Puerpenal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart fallure," "Haemor-Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., ment of cause of death approved by Committee head of "contributory." as probably such, if impossible to determine definitely vulsions," (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MICANS OF INJURY "Debiilty" ("Congenital," "Senile," etc.) Carcinoma, Sarcoma, etc., of (Recommendations on stateaffection need not be "Anaemia" terminal (second-(merely

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the cortificate is permanently filed.

V. S. No. 1

1. PLACE OF DEATH	
	CATE OF DEATH 00246
County Calvert	Registration Dist. No.
Village or City line Ledenth No.	St.,Ward
2. FULL NAME Aller Braun  (a) Residence: No. Augustus St.,	hospital or institution, give its NAME instead of street and number)  long In U.S. if of foreign birth?mosds.  Ward.
(Usual place of abode)	If nonresident give city or town and State
	EDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 21. DATE OF	(Month) (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of 22.	LEBERY CERTIES. The Latterfel drawed from
	HEREBY CERTIFY. That I attanded decaased from
0 102	
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than to have occurred o	alive on; death is said
	on the data stated above, at  CAUSE OF DEATH and related causes of importance
ormin. were, as follows:	A 4 - ' O A O   Data of one of
8. Trada, profassion, or particular kind of work done, as SPINNER,	delay, alongerulal hues
SAWYER, BOOKKEEPER, etc.	7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and the country of the country o	
11. Total time (years) this occupation (month and spent in this	
yaar) occupation	
41	y Causes of importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Culled 50 Name of operation	
(State of Country) What test confirme	ed diagnosis? Waso. of wolly was there an autopsy?
15. MAIDEN NAME CUELLAN QUEU 23. If death was due	e to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME CIRCLES JURIS JURIS 23. If death was due Accident, suicide, Contract	or homicide?, 19,
(State or country) I south Centre Where did injury of	
0 · l · D //6 · ·	(Specify city or town, county and State) njury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
place of water atown pate / 20 10 3 of mainer of miles.	
To one contract of the contrac	injury In any way related to occupation of decaased?
20. FILED / 20 19 34 2 11. True (Signad)	Jaggine Judine M. D.
If more blanks are needed, address tate Registrar, 2411 N. Charles Stree	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
			. =	
Other contributory causes of importance:	-	Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 00247
1. PLACE OF DEATH		
County Calvert		Registration Dist. No. 5 2
Village or City Char. Beach		· ·
village of City C	(1)	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME	Referca Il.	are.
(a) Residence: No. Chas B	Reach (Usual place of abode)	St., Ward  If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MAPRIED, WIDOWED.	21. DATE OF DEATH
7- W	OR DIVORCED (while the word)	25,1934
5a. If married, widowed, or divorced	(1)	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of	gohn For	1 HEREBY CERTLEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	10 1842	f fast saw har alive on Jan 25 1924; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3 30 12 m.
91 1	orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular	R	Carcinoma o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mestite	polonic end o stomail
✓ 9. Industry or business in which		
work was dona, as SILK MILL, SAW MILL, BANK, etc	1	
O 10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributery Causes of Importance:
12. BIRTHPLACE (city or town)		Other Contributery Causes of Importance:
	A	
14. BIRTHPLACE (city or town) Andrew	in	
4 14. BIRTHPLACE (city or town)	come	Name of operation Date of
(State of country)		What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)		23. If death was due to external causes (VIOLENCE) filf in also the following:
5 16. BIRTHPLACE (city or town)	unu	Accident, suicide, or homicide?
(State or country)		Where did injury occur?
17. INFORMANT My Farm To (Address) Class Bearl	I wa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury
Place M Harman D	ate Jan 27 1934	
		Nature of injury 24 Was disease at lateral to the state of the state o
19. UNDERTAKER William (Address)	<u>~</u>	24. Was disease of injury in any way related to occupation of deceased?
0 4		If so, specify
12 may 71 1 11 71 51 15	Had Add to	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Chronic interstitial nephritis a	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
# BUR				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

_	County County	OIX		(2)	Registration Dist. No.	5-2
	Village or City Lan	nar		No. If death occurred in a hospital or institu	Ct.	Wand number)
2	Length of residence in city or to.  FULL NAME	own where		sds. How long in U.S. if o		
	(a) Residence: No.	ena	(Usual place of abode)	St.,Ward.	If nonresident give city or town	and State
	PERSONAL AND S	TATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	1
3. 5	Male Colo	ud.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Oey)	, 193 (Yeer)
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of	_		22. I HEREBY	CERTIFY, Thet I attend	ded deceased f
6 D	DATE OF BIRTH (month, day, end	Para	annam 249	Mast sew h alive on	,	: death is
7. A		Months	Deys If LESS than day,hrs	to have occurred on the deta steto The PRINCIPAL CAUSE OF DEAT were as follows:	od ebove, et 3 m. TH and related ceuses of importance	10.00
TION	8. Treda, profassion, or particul- kind of work dona, as SP SAWYER, BOOKKEEPER, e			Lyphilis		Date of on
CCUPA	9. Industry or business in which work was done, as SILK N SAW MILL, BANK, etc	n MILL,	•••••••••••			
00	10. Deto deceased lest worked e this occupetion (month an yeer)	l d 	11. Total time (years) spent in this occupetion			
12.	BIRTHPLACE (city or town) (Stete or country)	an	lans	Other Contributory Causes of Impo	ortenca:	
ER	13. NAME LED C	Free	man_			
FATH	14. BIRTHPLACE (city or town) (State or country)	Ca	lueit land		Dete o	1
HER	15. MAIDEN NAME	ily	Brown.		uses (VIOL ENCE) fill In elso the follow	
MOT	16. BIRTHPLACE (city or town) (State or country)	/	Calvert Cof		Date of injury	, 19
17.	INFORMANT Let	) 2	reener	Where did injury occur? Spacify whether injury occurred in	(Specify city or town, county and in NOUSTRY, in HOME, or In PUBLIC	State) PLACE.
18.	BURIAL, CREMITION, OR REMOV	int	Dete Jan 26, 19.39	Menner of injury		
19.	UNDERTAKER Janka	8	Willows	24. Wes diseese or injury in any w	rey releted to occupation of deceased?	
20.	FILED Jan 26, 19 8	4 2	vigil G- Erfeule	(Signed)	5 RM	-fM

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
3/ 9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) CERTIFY, That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related gauses of importance Whet test confirmed diagnosis? ..... Was there an eulopsy? La 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was diseese or injury in any way related to occupation of deceesed? (Address) \_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No.

mation

20. FILED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

## 00250 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	Pos
County Calvert	Registration Dist. No. 50
Village or City Solomons	NoSt.,Ward
Length of residence In city or town where death occurred 3 / vrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Richard Ogden	Darmer
	'a Wad
(a) Residence: No. Solomons (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mole dute 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
58. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Helew Woodburn Darner	
6. DATE OF BIRTH (month, day, end year) October 25-1902	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 3 mp. ?
31 2 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
Parade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date securetion (month and this occupation (month and securetion))	
9. Industry or business in which work wes done, as SILK MILL.	accidental Nouning
work wes done, as SILK MILL, College Branch	(Inquest )
this occupation (month and spant in this occupation occupation	
Dowells	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)  (State or country)	
13. NAME Benjamin W. Garner	
13. NAME Benjamin W. Barrel	Name of operation Oete of
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME Fillian ogden	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident ate of injury 17, 1934
(State or country)	Where dis Injury occur? Additional (Specify city or town, county and State)
17. INFORMANT CUSTON Jurner	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Sowell's Ma.	Manner of Injury accidental orming
Place Solomons, My Oate Jan. 21, 1934	Nature of Injury
19. UNDERTAKER a. a. Drarkules	24. Was disease or Injury in any way related to occupation of deceased?
(Address) - Mittial manylana	If so, specify A A -
20. FILED 120 1934 DESTOSTES.	(Signed) W. W. S. Seler. M. D.
Registrar.	(Address) Solomons. Ma.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		-	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every tem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	JPA.	
	ı of i	plnc	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	item	she	Jo	
	very	ANS	nent	
	ED. E	SICI	state	
	ECOF	PHY	act	
	T R	. X.	E.	
	NEN	CTL	ified.	
	RMA	XA	class	
	PE	d E	erly	cate.
	IS A	state	prope	ertifi
	HIS	be	be 1	of c
		plno	may	back
	INK	E sh	it it	on
	ING	AG	o tha	tions
	FAD	lied.	ms, s	struc
(	NO	ddns	n ter	ee in
	TTH	ully	plain	t.
	Y, W	aref	H in	rtan
	INL	be c	EAT	impo
	PLA	plno	F D	very
	ITE	n sh	SEC	TION is very important. See instructions on back of certificate.
	-WR	matic	CAU	TIO
	B.		1	1
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STATE OF MARYLAND	CERTIFICATE OF DEATH 00251
1. PLACE OF DEATH	(79)
County Carley	Registration Dist. No.
Village or City Sunderland	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. It of foreign birth?yrsmosds.
2. FULL NAME Harvard Harver	
(a) Residence: No. Quideland	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBANO ot	
(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from January 3/ 1934
6. DATE OF BIRTH (month, day, and year) March 24, 1930	I last saw h. M. Aive on January 30, 134; death is said
7. AGE Yaars Months Days It LESS than	to have occurred on the date stated above, at _3. k_m.
3 10 7 1 day, hrs. or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
48. Trade profession or particular	Partie Englience Multipoure 1/28
9. Industry or business in which	acute accidental parsoning a by insection of
work was done, as SILK MILL, SAW MILL, BANK, etc.	ne know Tansmore makriel Child had Pean
- Spontin this	trainting with "rusty water" (none available)
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dummer and Constitution (State or country)	Juleus Engestial of
	paironaus maienal - 9-8
E Oaluntto.	
[ 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
E 0 C	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicida? Oate of injury, 19  Whera did injury occur?
111 0 1 1 1 1 1 1	(Specify city or town, county and State)
17. INFORMANT (Address) E I AMAL TO MAIN.	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2/. 14	Manner of injury
Place M. Hope Data / 197	Nature of Injury
19. UNDERTAKER N. J. Sewell	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Dare My	If so, specify
20, FILEO / 31 19 34 2. M. June	(Signed) M. O.
Registrar.	(Address) Hull Hedeuch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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Exact statement

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00252
1. PLACE OF DEATH	(153)
county Colley Co.	Registration Dist. No.
Village or City Willaus.	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
On. + 11000 0	
2. FULL NAME THE STATE OF THE S	or Ward
(a) Residence: No. (Usual piace of abode)	St.,Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  January (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
E DATE OF BIRTH (month day and ward) OAT 1 1926	and 2 ,1955, to ranually 0,19 34
6. DATE OF BIRTH (MONRI, day, and year)	I last sw h alive on State 30 , 19 , death is said
1 day,	to have occurred on the date stated above, at
ormin.	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	Pollythorell Worsety, Son AN
9. industry or business in which work was done, es SILK MILL,	Deluketus allens. Callo
SAW MILL, BANK, etc	Systemic Infection
O Date deceased last worked at this occupation (month and year) spent in this occupation occupation	Lephrenna Jan 193
Calvint B	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME RING.	
13. NAME Well Kallend,  14. BIRTHPLACE (city or town) Calmus Co.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellel 9 Stormas	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Elle G. Stormas  16. BIRTHPLACE (city or town). Calkuit les.	Accident, suicide, or homicide?, Date of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Address) Will defined (	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMA IN, OR REMOVAL	Manner of injury
Place Date 1 1927	Nature of injury
19. UNOERTAKER	24. Was disease or Injury in any way related to occupation of deceased?
(Address) William	if so, specify
20. FILEO 21 , 19 3 4 1. Resistrar.	(Signed) M. D.  (Address) Survey Dieduce M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 00253
1. PLACE OF DEATH)	
County Calact	(159)
0-11 11 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Registration Dist. No. 5/
Village or City Off and City	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tackso	u-
(a) Residence: No. Seland Cruck	- 01
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Col. OR DIVORCED (write the word)	Jan. 16 193 4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2	Jan. 15 ,1924, 10 Jan 16 , 1934
6. DATE OF BIRTH (month, day, and year) Jan. 15, 1934	Hast saw h 1 mg alive on gam. O) 6 , 19 3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	
industry or business in which work was done, as SILK MILL,	Prematurely
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Soland Creek Sand	the state of the s
(State or country)	
14. BIRTHPLACE (city or town) Baltimore	
14. BIRTHPLACE (city or town). Baltimore	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME alier Religiode	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
grane ander	(Specify city or town, county and State)
17. INFORMANT Que yackers	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place A Creck Date 1/7 1934	Nature of injury
19. UNDERTAKER Ague (Address)	24. Was disease or injury in any way related to occupation of deceased?
The same of the sa	If so, specify
20. FILED / 6 , 19 3 4 M. M.	(Signed) M. D.
Registrat.	(Address) Unince Flectrick, hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	DIL	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00254
1. PLACE OF DEATH	(23)
County Calvert	Registration Dist. No. 51
Village or City Gruel Frederick	NoSt., Ward
(If Length of residence In city or lown where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number)
Y 000	
2. FULL NAME Sussell forces	And the state of t
(a) Residence: No. The West Stelle west (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED ("sprite the word)  See Sex 4. COLOR OR RACE OR DIVORCED ("sprite the word)  Sex 4. COLOR OR RACE OR DIVORCED ("sprite the word)  Sex 4. COLOR OR RACE OR DIVORCED ("sprite the word)"	21. DATE OF DEATH  January  (Menyh)  (Day)  (Year)
ia. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from March 20, 1933, to Accember 39, 19, 23
5. DATE OF BIRTH (month, day, end year) February 23/917	I last saw h.M. alive on Le 29 ,1933; death is said
7. AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the date stated above, at
Trade, profession, or particular kind of work done, as SPINNER, Labouer  SAWYER, BOOKKEEPER, etc. Labouer	Bronched Premierra Wasch 3.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Luberaulous Premusus De 33
10. Date deceased last worked at this occupation (month and 33 spent in this occupation 240.	Oha Cartifula Ca
(State or country)	Other Contributory Causes of Importance:
13. NAME Bennie Jones	
14. BIRTHPLACE (city or town) Collection (State or country)	Name of operetion
15. MAIDEN NAME COLA RUSSER	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) College Co (State or country)	Accident, suicide, or homicido?
7. INFORMANT LUIS Towler (Address) & Tredent collect of MI	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Mt-Olive . 11. Fred Model Jan 21, 1934	Manner of injury
9. UNDERTAKER Wilson Sewell (Address) Bare's Md	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Jan, 20, 19 34 & W. King Registral	(Signed) Act of the M.D.  (Address) Physical Rev. Company (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

of OCCUPA-

Exact statement

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STATE OF MARYLAND-	CERTIFICATE OF DEATH	255
1. PLACE OF DEATH	93-0	
County Calvert	Registration Dist. No. 50	
Village or City Solomono	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and sds. How long In U.S. if of foreign birth?	
(a) Residence: No. Sala Vm and S (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE ORDIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH  (Month) (Day)	, 1993 44 (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I ettended	deceased from
6. DATE OF BIRTH (month, day, and year) Marc. 18-1850	Hast saw h.C.T. alive on Jews 14 , 1934	,
7. AGE Yeers Months Days If LESS than 1 day,hrs,	to heve occurred on the date steted ebove, at 9m.	
83 9 16 or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Public School-SAWYER, BOOKKEPER, etc.	musicardial Deglicitation	1933-
9. Industry or business in which		1
SAW MILL, BANK, etc  10. Date deceesed last worked at this occupetion (month and year) occupation occupation.	•	-
12. BIRTHPLACE (city or town) Church Itel	Other Coatributory Causes of Importance:	
(State or country) Manyland		-
13. NAME (Rev. James D. Ferson -	Name of operation Dete of	
(State or country) Ireland	What test confirmed diagnosis? Was there an	autonsy?
15. MAIDEN NAME Mary Magruder	23. If death wes due to externel causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Harriett Leoson (Address) folomone, mid.	Where distinjury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Port Republic. Date /16 ,19 34	Manner of Injury	
19. UNDERTAKER E. E. Deyon (Address) Lolomons, md	24. Was disease or injury in eny way related to occupation of deceased?	200
mouse 1/16 .34 DYFSILOTEN	(Signed) Est oster.	M. D.

Registrar.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 Ä ż of OCCUPA-

	STATE O	F MARYL	AND-CER	TIFICATE	OF I	DEATH
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110256

1. PLACE O	F DEATH Calvert	1	Registration Dist. No.	5-2
Village or C	City Augustian City or town where	death occurred, yrs n	No.  [If death occurred in a hospital or institution, give its NAME instead of os.  ds. How long in U.S. if of foreign birth?	_St.,Ward street and number)
2. FULL NA (a) Residen		Il Tong	St. Ward.	
(a) Nooleon	100. 110.	(Usual place of abode)	If nonresident give city or	town and State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	7 , 193 <del>//</del>
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced	0	22. I HEREBY CERTIFY, That I	
7. AGE Yes	9 9	Days   If LESS than 1 day,hr ormln.	to have occurred on the date stated above, at 1030 Am.	, 192 £; death is said
9. Industry or work wa SAW MII 10. Data deceas this occu		11. Total time (years) spant in this occupation	Other Contributory Camer of Importance:	1/10/3
	country) g mag	Tool Ce	What test confirmed diagnosis? Was	
15. MAIDEN NA 16. BIRTHPLACE (State or  17. INFORMANE (Address)	country)	Laver	23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of inju Whera did injury occur? (Specify city or town, coun Specify whether Injury occurred in INDUSTRY, in HOME, or in P	ry, 19
18. BURIAL, CREMAT	7	Date Fam 12 , 1936	Manner of Injury	
19. UNDERTAKER L (Address)	MI Hatch	nongo	24. Was diseasa or injury In any way related to occupation of dec  If so, specify	1// -
20. FILED	_4.X, 19.XV	Registrar.	(Address) Luni /	us

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 55 3 19.1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
EUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

				4		
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	<u></u>
County Oley	Registration Dist. No. 2
Village or City Oldelina	NoSt.,Wa
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAMES aral & Mount	7
(a) Residence: No. Adelica (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  faculary 25  (Month) (Day) (Year)
HUSBAND of Corn WIFE of Dennis Marches The	1 HEREBY CERTIFY. That I attended deceased fr
Dennie forman	Depremble, 1954, to Jamay 15, 1935
DATE OF BIRTH (month, day, end year) 44 1836	I last saw h_ A alive on alive of ; deeth is si
AGE Years Months Bays If LESS than 1 day,hrs.	to have occurred on the dete stated above, atm.
9/ 30 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
% Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Ollerio deioses -
* SAWYER, BODKKEEPER, etc. Trousewage	Merria 1/91
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/ /
10. Data deceased last worked at this occupation (month and spant in this	Chronic meffaro-selerosis. Cusa
BIRTHPLACE (city or town) Calvert for	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Calvert Co	
14. BIRTHPLACE (city or town) Calvert to	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopather.
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
Ol acours Min the	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Saleline Marinest)	Specify whether injury occurred in INDOSTRY, IN HOME, OF IN PUBLIC PLACE.
BURIAL CREMATION OR REMOVAL	Manney of Injury
Place @ 126 1934	Manner of Injury
UNDERTAKER a. q. Harkness & Son	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Mulual, Ned	If so, specify
FILED 1/24 , 1934 & M. Jung Registrar.	(Signed) A M. (Address) A Sea Fuelew M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

o Address of Address o

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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis CF 11	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 5 1931			
Other contributory causes of importance;	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
The state of the s	111 (13) 1,1020	Chan Detroit son	1 year

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	1. PLACE OF DEATH	1	
	County Calver	7	1
	Village or City	e Freelen	
-1	Length of residence In city or town	where death occurred	(lf d yrsmgs
	2. FULL NAME Wat	tie Princip	On Alia
	()	Quele 15	su one
-	(a) Residence: Nof_N_c	(Usual place	of abode)
_	PERSONAL AND STA	TISTICAL PARTI	CULARS
3.	Female White	OR DIVORCE	RIED, WIDOWED, D (write the word)
56	B. If married, widowed, or divorced HUSBAND of Wesley	Sheme	ell
		Margarela	11/81
	AGE Years Month	hs Days	LESS than
	168 2	4	I day,his.
z	. Trade, profession, or particular	1/	1
150	kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc.	. House	vefe.
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	spar	ma (years) nt in this pation
1	2. BIRTHPLACE (city or town)	Leideen.	,
	(State or country)	mel	
IER	13. NAME Locus	9. Ma	etere
FATHER	14. BIRTHPLACE (city or town)	Medeen	Α
-	(State or country)	00	ia.
MOTHER	15. MAIDEN NAME Sus	ue Cale	
MOT	(State or country)	Deideer	id.
17	INFORMANT Sue	Jacabs	
18	(Address)  B. BURIAL, CREMATION, OR REMOVAL	curage	
	Placett. Paul Church	Date	,1934
19	O. UNDERTAKER	arknesst	Aoro
	(Addiess) Menter	IN V.	.,

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STATE OF	MARY	/LAND-	CERTIFICATE OF DEATH	259
EATH .			1070	
esver	p	7	Registration Dist. No. 5	
musice 7	rellen	rle.	NoSt.,	Ward
In city or town where death	nccurred	(lf yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and numb	
Mattie	Triscil	0 11	einsvell	
o. P.s. Tree	(Usual place o	(f abode)	St., Ward.  If nonresident give city or town and State	e
AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
		tied, WIDOWED, (write the word)	21. DATE OF DEATH  January  (Month)  Day)  , 19:	(Year)
Vesley It	remu	ell	22. I HEREBY CERTIFY. That I attended dece December 24 19 33, to January 8	ased from
n, day, and year) No	vembe	04/865	1 last saw half alive on January 19 By, de	ath is said
Months	Days	If LESS than	to have occurred on the data stated above, at 2 m.	
12	4	I day,his.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te of onset
or particular one, as SPINNER,	~ 10011	rele	Curulent Diorectules 1	224
KKEEPER, etc.		The	mineral Executored	ec 27
ss in which , as SILK MILL, NK, etc			acule Cardiac Dilatation	ar.T.
worked at (month and	11. Total tin	na (years) t in this pation		
OWN) Wheed	ruel	1	Other Contributory Causes of importance: Carolina Dias	1931
ouis 4.	ma	etere.		
or town) ale	deen		Name of operation	
ry)	W	d,	What test confirmed diagnosis? Was thera an autop	sy?
Surce	Cale		23. If death was due to external causes (VIOLENCE) fill In also the following:	
or town) abec	deen	1	Accident, suicide, or homicide?Oata of injury	, 19
ue Jac	abs.	mel.	Whare did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
OR REMOVAL	- Congra		Manner of injury	
Chush 1	Date /	,1934	Nature of Injury	
9. Hack	east	Aon	24. Was disease or Injury in any way related to occupation of deceased?	lo
rentual 1	led.		If so, specify	
,19 34 2	nxe	Registrar.	(Signed) Agging Suedence	M. D.
If more blan	ks are needed as	dress State Registrar	24.1. N. Charles Street Belsimons Parastrus 71 S No.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 41 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00260
1. PLACE OF DEATH.	0
County Colored	Registration Dist. No. 5
Village or City Poromus Island	
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or twn where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SYCON Norwood	Xfaum
(a) Residence: No. / Boomes Laland	- St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
or Divorced (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a, If married, widowed, or divorced HUSBAND of	22 A LUEDERY CERTIFY THE
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Thu 31,193:	I last saw h we alive on Jan 193 H deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9m.
1 0 7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Wharpier Cough truck
work was done, as SILK MILL, SAW MILL, BANK, etc	Whapping ville
Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this opcupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Boncho freuson 4 des
13. NAME Relum Stanny	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Zoma Zellalt.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Milyon Afaires Seland.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER 9. 9. Harkness + Son (Address) Mutual, My	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/2 1934 2. M. Lung	(Signed) p' Meer M.D.
Registrar.	(Address) / same tredents suf.

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Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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THE RESIDENCE OF THE PARTY OF T	**		
Land Republic Company			u longr

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(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

(Year)

Date of onset

Dune 19

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	1		